

BEFORE THE ARIZONA STATE VETERINARY MEDICAL
EXAMINING BOARD

IN THE MATTER OF:) CASE No.: 22-55
)
KARLA LOMBANA, DVM) FINDINGS OF FACT,
HOLDER OF LICENSE No. 6280) CONCLUSIONS OF LAW
) AND ORDER
FOR THE PRACTICE OF VETERINARY)
MEDICINE IN THE STATE OF ARIZONA,)
)
RESPONDENT.)

The Arizona State Veterinary Medical Examining Board ("Board") considered this matter at its public meeting on June 15, 2022. Karla Lombana, DVM ("Respondent") appeared telephonically on her own behalf for an Informal Interview that was held pursuant to the authority vested in the Board by A.R.S. § 32-2234(A) and was represented by attorney, David Stoll, Esq. After due consideration of the evidence, the arguments and the applicable law, the Board voted to issue the following Findings of Fact, Conclusions of Law and Order ("Order").

FINDINGS OF FACT

1. Respondent is the holder of License No. 6280 and is therefore authorized to practice the profession of veterinary medicine in the State of Arizona.

2. On August 2, 2021, Respondent was doing relief work at the premises when "Krispin," an 8-year-old male German Shepherd mix was presented to her for not eating, vomiting and dehydration. This was not Complainant's primary care veterinary premises and only presented to the dog to University Pet Clinic due to no appointments available with her regular veterinarian. Complainant

1 reported that the dog had a history of gastrointestinal sensitivity and vomiting
2 and diarrhea were not uncommon.

3 3. Upon exam, the dog had a weight = 64.2 pounds, a temperature = 101.4
4 degrees, a pulse rate = 120bpm, and a respiration rate = 80bpm. Respondent
5 noted that the dog was quiet, dehydrated, and had a tense abdomen upon
6 palpation. Complainant reported that the dog may have gotten table scraps
7 from the grandchildren. The dog was currently on a GI diet. Due to the dog's
8 history of a sensitive stomach, Respondent suspected the dog's vomiting was
9 likely due to ingestion of some abnormal substance. Supportive care was
10 recommended and approved. The dog was administered SQ fluids and
11 Cerenia and discharged with Cerenia and Metronidazole tablets:

12 4. On August 5, 2021, Complainant picked up canned i/d diet for the dog.
13 The dog was still not eating normally, but had improved. Complainant stated
14 that in the evening a string was passing from the dog's rectum – the string was
15 still connected; therefore, Complainant cut the string off at the rectum. Not all
16 of the string had passed. Complainant suspected that it was the embroidery
17 floss that went missing a month previously, approximately 16 yards. According
18 to Complainant, she called the premises and scheduled an appointment for
19 August 9th.

20 5. On August 6, 2021, Complainant reported that the dog had been eating
21 but had not passed any stool that day. It was recommended to try pumpkin in
22 the dog's food that day and if the problem continued, Complainant should
23 call. There was no mention of the dog eating embroidery thread or what
24 Complainant saw the previous evening.
25

1 6. On August 9, 2021, Respondent was again doing relief work at the
2 premises. She asked technical staff about the dog and was advised that the
3 dog was not vomiting but also was not eating regularly. Respondent requested
4 staff to ask Complainant to bring the dog in for a recheck. At this visit,
5 Respondent stated that Complainant disclosed that the dog had ingested
6 string approximately one month prior, approximately 16 yard of embroidery
7 thread. After further discussion, Complainant felt it was closer to two weeks that
8 the dog ingested the string. Complainant also indicated that the dog had
9 passed the string and had not vomited for the last week and a half. According
10 to Respondent, Complainant did not mention having to cut the string directly
11 from the rectum.

12 7. Upon exam, the dog had a weight = 65 pounds, a pulse rate = 120bpm,
13 and a respiration rate = 30rpm; no temperature noted. Respondent noted
14 some discomfort upon abdominal palpation. Radiographs were performed and
15 did not show evidence of a GI foreign body; therefore, exploratory surgery was
16 not indicated. Respondent discussed that typically string foreign bodies were
17 some of the more dire or serious cases, as they can cause intussusception and
18 other severe GI abnormalities. She was optimistic that the dog had passed
19 some of the string and possibly passed all of it and the dog was now dealing
20 with a residual IBD, or other medical sources for the vomiting. Respondent
21 recommended sending the radiographs out to be reviewed by a radiologist.
22 Complainant approved and the dog was discharged with Entice, an appetite
23 stimulant, until the results came back from the radiologist.

24 8. The following day, Respondent called Complainant to report the findings
25 from the radiologist. Complainant was traveling but advised the dog was a bit

1 more amenable to eating that evening. Respondent told Complainant that the
2 radiologist did not identify a foreign body and recommended a follow up
3 abdominal ultrasound or referral. She mentioned that exploratory surgery was a
4 possibility and discussed sending the dog to a specialist for referral and
5 aggressive hospitalization. Complainant was reluctant. Respondent relayed
6 that she would try to find an ultrasonography service understanding that most
7 were booked out for weeks.

8 9. Respondent contacted several imaging providers and most had wait
9 times of greater than 10 days. She found availability through Veterinary
10 Sonography, ultrasonographer, Darcie Argentina, for Thursday, April 12, 2021.
11 Complainant wanted to pursue an ultrasound over referral due to projected
12 wait times at specialty centers and finances.

13 10. On April 12, 2021, the dog was dropped off for the abdominal
14 ultrasound. Respondent discussed the case with Dr. Merker since this was her
15 last scheduled relief day. She advised that on the initial presentation was a
16 suspected foreign body of string, but it had appeared based on radiographs
17 that the string had passed and they were searching for other causes for the
18 anorexia and vomiting. Respondent also discussed the dog's medical history of
19 suspected foreign body ingestion with Ms. Argentina. She continued that the
20 dog had passed some of the string and they were optimistic that the dog
21 passed all of the string. Respondent provided Ms. Argentina with the report and
22 history from the radiologist.

23 11. The ultrasound was performed and the preliminary findings indicated
24 renal changes with possible dilation of some small bowel. Respondent was
25 optimistic that the dog had passed the foreign material and the ongoing

1 appetite inconsistencies were due to renal changes. At this point, Respondent
2 had no further contact with Complainant. She did not see the official
3 ultrasound report and the case was transferred to Dr. Merker. Blood and urine
4 were collected and supported the dog had renal changes – Creatinine 2.6,
5 BUN 41.

6 12. According to Complainant, when Dr. Merker discharged the dog that
7 evening and was asked about the string/embroidery thread, she was unaware
8 the dog had ingested the foreign object. Complainant was concerned that
9 Respondent had not sufficiently updated the ultrasonographer or Dr. Merker.
10 According to Dr. Merker, she was taken aback, as she was not fully aware that
11 the string was still an issue, given the normal radiology report. She further stated
12 that it was never communicated to her that the string had been cut from the
13 dog's anus at any time. Dr. Merker explained that she would have the
14 ultrasound report back in the next couple of days and this would hopefully give
15 them more information about what was going on with the dog. If the dog did
16 not improve, it was recommended the dog be seen at an emergency facility;
17 hospitalization was also discussed if the dog was not improving.

18 13. On August 15, 2021, Complainant reported in her narrative that the dog
19 was getting worse; was lethargic and in pain.

20 14. On August 16, 2021, Dr. Adams saw a note that the dog was not doing
21 well. After reviewing the medical records and the suspected renal disease, she
22 had staff contact the pet owner to offer SQ fluids and possible recheck. Later
23 that day, the dog was dropped off by Complainant's daughter since
24 Complainant was still out of town. The dog was reportedly worse – lethargic,
25 not eating or drinking. Dr. Adams examined the dog, repeated blood work (no

1 azotemia) and abdominal radiographs. Radiographs revealed severe gas
2 dilation of multiple areas of small bowel. Due to the concern of an obstruction
3 and the dog's condition, Dr. Adams recommended exploratory surgery or
4 humane euthanasia.

5 15. Complainant relayed that the dog ate string and she had to cut the
6 string the dog was trying to pass and could not. After discussion of options,
7 Complainant elected to pursue surgery and possible euthanasia on the table
8 pending the findings.

9 16. Dr. Adams performed surgery and found a linear foreign body from the
10 stomach to cecum with intussusception of ileum into cecum. She was able to
11 remove all the foreign material with three enterotomy and gastrostomy and
12 reduce the intussusception. After the dog recovered from surgery, it was
13 recommended to transfer the dog to an emergency facility for continued
14 monitoring and care. The dog's prognosis was guarded.

15 17. Later that evening the dog was transferred to Veterinary Specialty
16 Center of Tucson for post-surgical monitoring and care. The dog was
17 hospitalized and given supportive care.

18 18. The following day, due to the dog's condition, the dog was humanely
19 euthanized.

20 19. The final ultrasound report provided by Dr. Roth-Jones showed no
21 evidence of foreign material in the GI tract.

22 20. The Board found that given the dog's symptoms, history, painful
23 abdomen and the fact that linear foreign bodies can have negative
24 radiographic findings until it causes damage, Respondent deviated from the
25 standard of care by not performing surgery on the dog on August 9th. The

1 Board noted that Respondent's failure to timely perform surgery resulted in
2 major complications. The Board also noted that barium radiographs could
3 have been taken since there was concern that an ultrasound could not be
4 timely performed.

5 CONCLUSIONS OF LAW

6 21. The conduct and circumstances described in the Findings of Fact above,
7 constitutes a violation of **A.R.S. § 32-2232(11)** Gross negligence; failure to
8 recognize the need for surgical intervention which resulted in a delay that led
9 to major complications in the patient's care.

10 ORDER

11 Based upon the foregoing Findings of Fact and Conclusions of Law it is
12 **ORDERED** that Respondent's License, No. 6280 be placed on **PROBATION** for a
13 period of one (1) year, subject to the following terms and conditions that shall
14 be completed within the Probationary period. These requirements include three
15 (3) total hours of continuing education (CE) detailed below:

16 1. **IT IS ORDERED THAT** Respondent shall provide written proof satisfactory to
17 the Board that she has completed three (3) hours of continuing education (CE);
18 hours earned in compliance with this order shall not be used for licensure
19 renewal. Respondent shall satisfy these three (3) hours by attending CE in the
20 area of gastrointestinal foreign bodies. Respondent shall submit written
21 verification of attendance to the Board for approval prior to the end of the
22 Probationary period.

23 2. **All continuing education to be completed for this Order shall be pre-**
24 **approved by the Board.** Respondent shall submit to the Board a written outline
25 regarding how she plans to satisfy the requirements in paragraph 1 for its

1 approval within sixty (60) days of the effective date of this Order. The outline
2 shall include **CE course details** including, **name, provider, date(s), hours of CE** to
3 be earned, and a **brief course summary**.

4 3. Respondent shall obey all federal, state and local laws/rules governing
5 the practice of veterinary medicine in this state.

6 4. Respondent shall bear all costs of complying with this Order.

7 5. This Order is conclusive evidence of the matters described and may be
8 considered by the Board in determining an appropriate sanction in the event a
9 subsequent violation occurs. In the event Respondent violates any term of this
10 Order, the Board may, after opportunity for Informal Interview or Formal
11 Hearing, take any other appropriate disciplinary action authorized by law,
12 including suspension or revocation of Respondent's license.

13 NOTICE OF APPEAL RIGHTS

14 Respondent is hereby notified that she has the right to request a
15 rehearing or review of the Order by filing a motion with the Board's Executive
16 Director within 30 days after service of this Order. Service of the Order is
17 effective five days after the date of mailing to Respondent. See A.R.S. § 41-
18 1092.09. The motion must set forth legally sufficient reasons for granting a
19 rehearing or review. A.A.C. R3-11-904. If a motion for rehearing or review is not
20 filed, the Board's Order becomes final 35 days after it is mailed to Respondent.
21 Respondent is further notified that failure to file a motion for rehearing or review
22 has the effect of prohibiting judicial review of the Order, according to A.R.S. §
23 41-1092.09(B) and A.R.S. § 12-904, et seq.

24 Dated this 1st day of August, 2022.

25 Arizona State Veterinary Medical Examining Board
Jessica Creager

Chairperson

By: 
Victoria Whitmore, Executive Director

Original of the foregoing filed this 1st day of August, 2022
with the:

Arizona State Veterinary
Medical Examining Board
1740 W. Adams St., Ste. 4600
Phoenix, Arizona 85007

Copy of the foregoing sent by certified, return receipt mail
this 1st day of August, 2022 to:

Karla Lombana, DVM
Address on file
Respondent

this 1st day of August, 2022 to:

David Stoll, Esq.
Beaugureau, Hancock, Stoll and Schwartz, PC
302 E. Coronado Rd
Phoenix, Arizona 85004

By: 
Board Staff